Supplement 1 to Attachment 2 6A Page 1 of 9 OMB No.: 0938-

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	of VIRC	GINIA	INC	COME ELI	IGIBILITY LEV	ELS		
<b>4</b> .	MAN	DATO	RY CATEGORICA	LLY NEED	ΟΥ			
	1.	AFD	C-Related Groups O	ted Groups Other Than Poverty Level Pregnant Women and Infants:				
	Fami	ly Size	Need Stands See Table (appendices I, I	1	Payment Sta See Tabl (appendices I	e 2	Maximum Payment Amounts	
	2.						Act: he official Federal income	poverty
		X	133 percent		perce (specify)	nt	(no more than 185 percent)	
			Family Size		-	Inco	me Level	
			1		-	\$ 10,	707	
			2		-	\$14,	431	
			3		-	\$18,	155	
			4		-	\$21.	879	
			5		-	\$25.	603	

 TN No.
 98-12
 Approval Date
 (-2) - 12
 Effective Date
 04/01/98

 Supersedes
 TN No.
 97-12
 HCFA ID:
 7985E

Supplement 1 to Attachment 2.6A Page 1 of 9

OMB No.: 0938-

State	of VIRG	INIA	INC	COME EI	IGIBILITY LEV	VELS		
Α.	MANI	DATO	RY CATEGORICAI	LY NEE	DY			
	1.	AFD	C-Related Groups O	ther Than	Poverty Level P	regnant V	Vomen and Infants:	
	Family Size		See Table	Need Standard  See Table 1 (appendices I, II, III)		le 2 I, II, III)	Maximum Payment Amounts	
	2.	_	•		1902(a)(10)(i)(IV) of the Act:			overty
		X	133 percent		perco (specify)	ent	(no more than 185 percent)	
			Family Size			Incor	ne Level	
			1			\$ 10,7	707	
			2			\$14,-	131	
			3			\$18,1	.55	
			4			\$21,8	379	
			5			\$25,6	503	

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Supplement 1 to Attachment 2.6A

Page 2 of 10 7 OMB No.: 0938-

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	of	1/1	D	$C_1$	NI	1 4
State	or	v	ıĸ	(1)		A

#### INCOME ELIGIBILITY LEVELS

### A. MANDATORY CATEGORICALLY NEEDY (Continued)

- 3. Children under §1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
- 4. For children under §1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the <u>Federal Register</u>) for the size family involved.

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Supplement I to Attachment 2.6A

Page 3 of 10 5 OMB No.: 0938-

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	STATE I LAN UNDER TITLE MA OF THE SOCIAL SECURITY ACT						
State	of VIRG	INIA	INCOME ELIGIB	ILITY LEVELS			
В.	OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FED POVERTY LEVEL						
	1.	Pregnant Woman	and Infants				
		The levels for de infants under the follows:	termining income elig provisions of \$1902	dibility for optiona (a)(1)(A)(ii)(IX) a	I groups of pregnant women and nd 1902(19(2)) of the Act are as		
		Based onpeand no more than		ederal income pove	erty level (no less than 133 percent		
		Family S	Size	Incon	ne Lever		
		1		\$			
		$-\frac{\frac{3}{3}}{4}$		\$ \$ \$	<del></del>		
		5		\$	<del></del>		

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Page 4 of 10 7

OMB No.: 0938-

State o	of VIRC	GINIA	INCO	OME ELIGIBILITY LE	EVELS	
B.		ONAL CATE	GORICALLY	NEEDY GROUPS WI	TH INCOMES F	RELATED TO FEDERAL
	2.	children who under 8 year Based on	o are born afters of age under	er September 30, 1983 a the provisions of section	nd who have attai n 1902(1)(2) of th	ne eligibility for groups of ned 6 years of age but are ne Act are as follows:
		line.	amily Size		Income Level	
		<u> </u>	mily Size		income Level	_
			1		\$	
			2		\$	- -
			3		\$	-
		•	4		\$	<u>-</u>
			5		\$	_
			6		\$	_
			7		\$	_
			8		\$	_
			9		\$	_
			10		\$	<u>-</u>
				N/A - Erroneous Group	1	

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Supplement 1 to Attachment 2.6A

Page 5 of 10

OMB No.: 0938-

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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#### INCOME ELIGIBILITY LEVELS

### 3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of §1902(m)(4) of the Act are as follows:

Based on \_\_\_ percent on the official Federal income poverty line.

Family Size	Income Level
1	¢
2	\$
3	\$
4	\$
5	\$

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

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Supplement 1 to Attachment 2.6A

Page 6 of 10 '7' OMB No.: 0938-

State	of VIRGINIA		INCOME ELIGIBI	LITY LEVELS		
C.	QUALIFIED POVERTY LI		BENEFICIARIES	WITH INCOM	ES RELATED	TO FEDERAL
			ncome eligibility for ) of the Act are as fol		l Medicare bene	ficiaries under the
	1. <u>NON-§1902(f) STATES</u>					
	a.	Based on the	following percent of	the official Federa	al income pover	ty level:
	Eff. Ja	ın. 1, 1989:	☐ 85 percen	nt 🔲	percent (no mo	re than 100)
	Eff. Ja	ın. 1, 1990:	☐ 90 percer	nt 🗆	percent (no mo	re than 100)
	Eff. Ja	ın. 1, 1991:	100 percent	İ		
	Eff. Ja	ın. 1, 1992:	100 percent	t		
	b.	Levels:				
		Family Siz	<u>e</u>	Incom	e Level	
		1 2		<u>\$</u>	<del>_</del>	

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Supersedes	<del></del>	
TN No		HCFA ID: 7985E

Supplement 1 to Attachment 2.6A

Page 7 of 9

OMB No.: 0938-

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State o	f VIRG	INIA		INCO	ME ELIGIBI	LITY LE	VELS			
		LIFIED M		BENE	FICIARIES	WITH	INCOMES	RELATED	то	FEDERAL
	2.	RESTRIC	STATES W CTIVE THAN ARD AS OF J	ISSI	*VA DII			INCOME STA		
		a. I	Based on the	followi	ng percent of	the offici	al Federal inc	come poverty	level:	
		Eff. Jan.	1, 1989:		■ 85 perce	ent	□pe	ercent (no mor	e than	100)
		Eff. Jan.	1. 1990:		☐ 85 percei	nt	× 90	percent (no m	ore tha	in 100)
		Eff. Jan.	1, 1991:		☐ 95 percer	nt	× 100	percent (no mo	ore tha	n 100)
		Eff. Jan.	1, 1992:		100 percen	t				
		b. L	Levels:							
		Fai	mily Size			_	Income L	evel		
			1 2			_	\$ 8,050 \$10,850			

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Supplement 1 to Attachment 2.6A

Page 8 of 10 OMB No.: 0938-

State of VIR		NCOME ELIGIBILIT	Y LEVELS	
D. INC	OME LEVELS - MEDICA	ALLY NEEDY		
X	Applicable to all group	Exce		pt those specified below. Is are also listed on an
(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for 12 months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net Income level for persons living in rural areas for months	Amount by Which Column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>
	urban only			
X	urban & rural	SEE PAGE 8a for R	EQUIRED INCOME LE	VELS
1	<u>\$</u>	\$	\$	\$
2	\$	\$	\$	\$
3	\$	<u>\$</u>	\$	\$
4	\$	. \$	\$	\$
For each additional person, add:	\$	\$	\$	\$
	agency has methods fo viduals whose income exc	<del>-</del>	claim for FFP paymer	nts made on behalf o

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Supplement 1 to Attachment 2.6A

Page 8a of 10

OMB No.: 0938-0193

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA	INCOM	E ELIGIBILITY LEV	/ELS		
D. INCOME LEVI	ELS - MEDICALLY N	NEEDY			
X Applica	ble to all groups	Applicable t	o:		
(1)		(2)		(3)	
Family Size	Net income le	evel protected for main	ntenance	Amount by Which Column (2) exceeds limits specified in 42 CFR 435.10071	
		in only in & rural			
	Group I	Group II	Group III		
1	\$2600	\$3000	\$3900	\$ 0	
2	\$3400	\$3700	\$4800	\$ 0	
3	\$3900	\$4300	\$5300	\$ 0	
4	\$4400	\$4800	\$5800	\$ 0 \$ 0	
	5 \$4900 \$5300 \$6300				
6	\$5400	\$5800	\$6800	\$ 0	
7	\$5900	\$6300	\$7300	\$ 0	
8	\$6500	\$6900	\$7800	\$0	
9	\$7100 \$7800	\$7500	\$8500	\$ 0	
For each additional person, add:	\$ 600	\$8200 \$ 600	\$9100	\$ 0 \$ 0	

\*NOTE: As authorized in §4718 of OBRA '90.

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TN No.		HCFA ID: 2004P/0021P